

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

JAN 21 2021

U.S. DISTRICT COURT-WV/ND
MARTINSBURG, WV 25401

Monio Antonio Lee
#21047-001
Your full name

FEDERAL CIVIL RIGHTS
COMPLAINT

(BIVENS ACTION) Bailey
Mazzone
Blalock

v.

Civil Action No.: 5:21-CV-11
(To be assigned by the Clerk of Court)

Warden - U.S. Penitentiary - Hoxworth

Enter above the full name of defendant(s) in this action

I. JURISDICTION

This is a civil action brought pursuant to **Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: Monio Antonio Lee Inmate No.: #21047-001
Address: U.S. Penitentiary - Hoxworth P.O. Box 2000
Bruceston Mills, WV 26525

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

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B. Name of Defendant: Warden - U.S.P. - Haze Hon
 Position: Warden
 Place of Employment: U.S. Penitentiary Haze Hon
 Address: P.O. Box 2000, Brickett Mills, WV 26325

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: The Warden of the U.S.P. Haze Hon, refused me medical assistance, after I have repeatedly requested medical assistance after my 50th Birthday.

B.1 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.2 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

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B.5 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: U.S. Penitentiary of Hazelton

A. Is this where the events concerning your complaint took place?
☒ Yes ☐ No

If you answered "NO," where did the events occur?

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?
☒ Yes ☐ No

D. If your answer is "NO," explain why not: _____

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 I have filed administrative remedy the Unit Team is
LEVEL 2 refusing to exhaust any of my remedies, all
LEVEL 3 rights preserved pursuant to 28 U.S.C. 1746.

IV. **PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: _____
(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

6. Disposition: _____
(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: _____

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8. Approximate date of disposition. Attach Copies: _____
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?
☒ Yes ☐ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.
I filed administrative remedies on every level, the BOP is refusing to exhaust any of my administrative remedies on every level, all rights were preserved pursuant to 28 U.S.C. 1790
- E. Did you exhaust available administrative remedies?
☒ Yes ☐ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.
I filed and BP-8 the Unit Team refused to respond, I file and sensitive BP-9, the Warden refused to respond, I filed and BP-10, the Regional Office refused to respond and in BP-11, then I filed and Tort Claim, TAT-MXR-2020-05318
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
1. Parties to previous lawsuit:

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Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and case number:

_____3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: On May 7th 2020, I turned 50th years old, by Policy of the BOP, I'm entitled to end full medical examination, I filed and internal request to be transferred to the Medical Center in Butner, NC, the Warden has refused to give me any medical assistance, in violation of BOP-Policy, and is civil and unjust punishment.

Supporting Facts: I have numerous sick-calls that the Warden

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*I have been refused any medical assistance, other
I have repeatedly request medical assistance.*

CLAIM 2: _____

Supporting Facts: _____

CLAIM 3: _____

Supporting Facts: _____

CLAIM 4: _____

Supporting Facts: _____

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CLAIM 5:

Supporting Facts:

VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

By the BOP-Policy, I am entitled to oral full medical examination, at 50th years old, the Warden has refused me medical for all my medical sick-calls.

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

I am requesting the Court grant me my Tort Claim, to resolve this matter or trial by jury or judge, access to the Court

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at U.S.P. Hazelton on January 15, 2021.
(Location) (Date)

Mario Batten Lee
Your Signature

Attachment D

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Memo Anton Lee
#21047-001
Your full name

5:21-CV-11

v.

Civil Action No.: _____

Northern U.S.P. - Horelton

Enter above the full name of respondent in this action

Certificate of Service

I, Memo Anton Lee (your name here), appearing *pro se*, hereby certify that
I have served the foregoing Bivens Action (title of document
being sent) upon the respondent by depositing true copies of the same in the United States
mail, postage prepaid, upon the following counsel of record for the respondent on
January 15, 2021 (insert date here):

(List name and address of counsel for respondent)

Memo Anton Lee
(sign your name)